

CDC'S Global Health Activities in

AFRICA

ub-Saharan Africa – already a region beset by intertwined forces of poverty, war, and famine – has been further devastated by the HIV/AIDS epidemic. Although there are some hopeful signs of progress – notably in Uganda – in much of Africa, HIV/AIDS has eroded and overwhelmed previous advances. For example, in Zimbabwe, life expectancy for men hovered at 56 in the mid-1980s. Today, it is only 40. A Japanese baby girl, fortunate to have the world's highest life expectancy of 84 years, will live 46 years longer than a Zambian baby will. By Zambian standards, this constitutes an entire extra lifetime.

CDC's global health work in Africa includes a large, multi-faceted initiative to combat the HIV/AIDS epidemic, which is stealing years and decades of life from so many Africans. In addition, many other efforts seek to build the continent's fragile public health infrastructure, control infectious diseases and injuries, and address the risk factors that lead to chronic disease as well as the environmental and occupational hazards that impose further health burdens on African nations.

Examples of CDC's global health activities in Africa in each of five strategic areas are provided below.

PUBLIC HEALTH SURVEILLANCE AND RESPONSE

To many observers, intentional violence – homicide, suicide, and assaults – seem outside the purview of public health. However, these events not only have immediate (and often lethal) health consequences; they also are amenable to a public health approach that examines the circumstances and risk factors that lead to violence, with the goal of preventing it in the first place. As with other public health problems, the first step is to document the extent of the problem and to gather as much information as possible about the circumstances surrounding the event and its consequences. In South Africa, the National Center for Injury Prevention and Control (NCIPC) is working with South African health authorities to learn more about the surge in violence by developing a surveillance system capable of measuring, documenting, and monitoring it. Initially tested in several pilot facilities before possible expansion across the country, the system will monitor both fatal injuries (collected from mortuaries) and non-fatal injuries (collected through emergency rooms in hospitals and community health centers).

PUBLIC HEALTH INFRASTRUCTURE AND CAPACITY-BUILDING

CDC has joined with USAID, DHHS, and other federal agencies to support the ministries of health in 14 African countries (and in India) as they struggle to respond to the HIV/AIDS pandemic. The LIFE (Leadership and Investment in Fighting the HIV/AIDS Epidemic) Initiative, now known as the Global AIDS Program or GAP, recently expanded to another 10 countries in other parts of Africa and in Southeast Asia, the Caribbean, and Latin America. The program includes primary prevention, community and home-based care and treatment, and care for children affected by AIDS, but a cornerstone that makes the other components possible and sustainable is capacity and infrastructure development.

Capacity-building related to the LIFE/GAP initiative includes the development and enhancement of surveillance systems, managerial and other technical public health training, and support for upgrading and/or building laboratory facilities to allow rapid, accurate detection of STDs, HIV/AIDS, TB, and opportunistic infections.



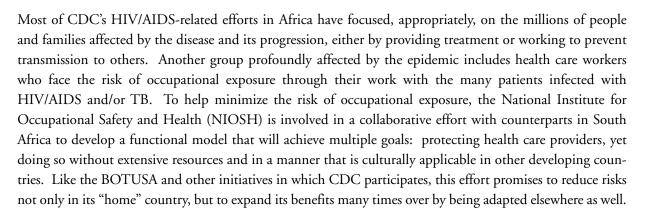
DISEASE AND INJURY PREVENTION AND CONTROL

In addition to the LIFE Initiative, CDC supports a number of disease and injury prevention projects throughout Africa. For example, the National Center for Infectious Diseases (NCID) works with several African countries to implement the USAID-funded Africa Integrated Malaria Initiative, designed to reduce malaria's impact through improved management of febrile illness at home and at health facilities. In addition, the Initiative promotes the widespread use of insecticide-impregnated bed nets, as well as chemoprophylaxis during pregnancy.



Applied Research for Effective Health Policies

In 1995, at the invitation of Botswana's Ministry of Health, CDC established a TB/HIV collaborating center called BOTUSA. Over time, the site's staff and partners have developed innovative approaches to surveillance and disease prevention that have become models for other resource-poor countries. For example, a software tool for TB surveillance initially was developed through the site's efforts. BOTUSA also contributed new methods of improving TB diagnosis in low-resource settings. The site has served as a base for regional USAID-funded activities throughout southern Africa, with its innovations now in place in South Africa, Swaziland, Namibia, Lesotho, Mozambique, Zambia, Zimbabwe, Malawi, and Tanzania. In addition, it offers invaluable training opportunities for CDC EIS officers and students of medicine and public health – ensuring that knowledge gained in one place can be transferred to many different settings and countries.





Usually, the exchange of critical public health information and valuable lessons occurs among a group of scientists, sharing their insights in journal articles, or perhaps gathered in a conference room. In other cases, the exchange of information may have more entertainment value – by design. In partnership with WHO and the Population Media Center, staff from CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) are involved in an innovative effort that uses serial radio dramas to convey information about reproductive health, family planning, and HIV/STD prevention. The project involves production of a 2-year serialized drama in one country, as well as workshops and technical assistance for five other African countries sharing an interest in extending public health's reach through the radio.